

**DESIRED SERVICE START TIME IS SUBJECT TO AVAILABILITY**

Prior to submitting this form or publishing service date; contact cemetery to schedule the interment. 270-351-5115

Place cemetery  
approved start time  
and date here →

Date:        /        /  
Time:        :        AM / PM

**KENTUCKY VETERANS CEMETERIES INTERMENT APPLICATION**

**\*THIS FORM MUST BE FILLED OUT COMPLETELY\***

Please fax the following to **(270) 351-5445**: ☐ This completed application ☐ Proof of Eligibility (DD Form 214) ☐ Pre- Approved

DECEDENT INFORMATION					
1. Decedent's Last Name:        First:        Middle:			2. <input type="checkbox"/> Male <input type="checkbox"/> Female	3. <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent	4. Marital status (circle one): Single/ Mar/ Div/ Sep/ Wid
5. Race (For statistical information only): <input type="checkbox"/> African- American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			6. Social Security #:		7. Date of birth:        /        /
					8. Date of death:        /        /
9. City:		10. County:	11. State:		12. ZIP Code:
13. Interment Type (choose one): <i>*Funeral homes are responsible for lowering their own vaults/liners</i> <input type="checkbox"/> Cremated - Columbarium Wall <input type="checkbox"/> Cremated - In-Ground <input type="checkbox"/> Cremated - Scattering Garden <input type="checkbox"/> Casketed - KVCC Provided Grave Liner <input type="checkbox"/> None, Memorial Marker Only <input type="checkbox"/> Casketed - Funeral Director Provided Vault/Liner-Type/Name of Private Vault _____					
14. Is the vault or grave liner to be oversized? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what are its dimensions:    _____ X _____ X _____			15. Does the decedent have a spouse or dependent already interred at KVCC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Decedent's faith:		17. Funeral Director has arranged for brief eulogy/words of remembrance to be provided by: <input type="checkbox"/> Minister <input type="checkbox"/> Chaplain <input type="checkbox"/> Family Friend <input type="checkbox"/> KVCC Staff <input type="checkbox"/> Family requests none			
19. If casketed, pallbearers will be provided by:		<input type="checkbox"/> Family/friends <input type="checkbox"/> Honor Guard Members <input type="checkbox"/> None available			
FUNERAL HOME INFORMATION					
20. Funeral Home Name:			21. Point of Contact:		
22. Mailing address:			23. City:		24. County:
25. State:	26. Zip Code:	27. Phone:	28. Fax:		29. E-mail:
NEXT OF KIN INFORMATION					
30. NOK Last Name:        First:        Middle:			31. Date of Birth:        /        /		
32. Phone:		33. Social Security #:	34. Mailing address:		
35. City:		36. County:	37. State:		38. Zip Code:
39. Relationship to Decedent: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative					
40. <b>IF DECEDENT IS A VETERAN:</b> If there is a spouse, is he/she also a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, proof of the spouse's eligibility is required in order to reserve the adjacent gravesite</i>					
HONORS INFORMATION (VETERANS ONLY)					
41. Funeral Director has arranged for flag to be presented by: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard (Army/Guard veterans <b>ONLY</b> ) <input type="checkbox"/> Family requests none					
42. Funeral Director has arranged for firing detail to be provided by: _____ <input type="checkbox"/> Family requests none					

**A \$500 fee is assessed for all non veteran decedents.**

Funeral Director is responsible for verifying marriage documents for eligibility of spouses.

Six (6) floral arrangement maximum at the cemetery for the committal service.

Provisional Report of Death/Burial Permit/Transit Permit required for all casketed remains.